

Case Number:	CM14-0170493		
Date Assigned:	10/20/2014	Date of Injury:	10/22/2012
Decision Date:	11/20/2014	UR Denial Date:	09/29/2014
Priority:	Standard	Application Received:	10/15/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation has a subspecialty in Interventional Spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 57-year-old female with a date of injury of 10/22/2012. The listed diagnoses per [REDACTED] are: 1. Traumatic brain injury. 2. Cervical spinal stenosis. 3. Lumbar spinal stenosis. 4. Cervical disk injury. 5. Lumbosacral disk injury, multilevel. 6. Right lumbosacral radiculopathy. 7. Cervical and lumbosacral sprain/strain. According to progress report 09/16/2014, the patient presents with ongoing pain in her neck, low back, and headaches. Examination revealed no swelling, edema, or tenderness noted in the bilateral lower extremities. Muscle tone is without any atrophy, and muscular strength was noted within normal range. The patient's medication regimen includes tramadol 50 mg and topical ketoprofen cream. The treater is requesting a refill of ketoprofen cream to be used as needed. Utilization review denied the request on 09/29/2014. Treatment reports from 01/22/2014 through 09/16/2014 were reviewed.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Meds X1 Ketoprofen Cream: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical creams, Topical analgesics, Page(s): 111-112.

Decision rationale: This patient presents with neck, low back pain, and headaches. The treater is requesting a refill of ketoprofen cream which the patient is utilizing for "pain and discomfort." The MTUS Guidelines pages 111, 112 has the following regarding topical creams, "topical analgesics are largely experimental and used with few randomized control trials to determine efficacy or safety." Under Ketoprofen, MTUS states, "This agent is not currently FDA approved for a topical application" therefore request is not medically necessary.